BUREAU OF INTERNAL AFFAIRS Investigations Division General Investigations Section

02 January 2012 CL #1051007

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Juan Rivera

Chief

Bureau of Internal Affairs

ATTN: Robert Klimas

Commander

Internal Affairs Division

ATTN: Lt. Susan Clark # 320

Administrative Section Internal Affairs Division

FROM:

Sergeant Majed ASSAF #1778

Internal Affairs Division

General Investigations Section

SUBJECT:

Synoptic Report – Firearm Discharge Incident (ANIMAL)

RESULTS:

BAC .000

REFERENCE:

LOG #1051007

WD #

INCIDENT LOCATION:

DATE & TIME:

02 January 2012 @ 0540 hours

OCIC, W/C:

Lt. RICHARDS #612

INVOLVED MEMBER(s):

Police Officer Patrick LORDE

Star #12405

Employee #

Unit of Assignment: 004th District

C/S: 04 JUN 2007

DOB:

Probationary Police Officer Ryan ADAMS

Star #11786

Employee #

Unit of Assignment: 004th District

C/S: 01 SEP 2010

DOB:

BUREAU OF INTERNAL AFFAIRS Investigations Division General Investigations Section

02 January 2012 CL #1051007

NARRATIVE:

R/Sgt received notification from CPIC Police Officer FLORES #15344 at 0600 hours on 02 JAN 2012 regarding a Firearm Discharge Incident in the 004th District.

R/Sgt arrived and began the 20 min observation period of P/O Patrick LORDE #12405 and PP/O Ryan ADAMS #11786 at 0756 hours. P/O LORDE and PP/O ADAMS were presented with the "Notice of Alcohol and Drug Testing Following a Firearm Discharge Incident" form. The Breath Test of PP/O ADAMS was conducted at 0828 hours and the BAC was .000. The Breath Test of P/O LORDE was conducted at 0831 hours and the BAC was .000. The W/C was notified of the results.

R/Sgt also collected the urine specimen(s) of PP/O ADAMS at 0842 hours and P/O LORDE at 0900 hours.

Sergeant Majed Assaf #1778 General Investigations Section

Internal Affairs Division

APPROVED:

Lt. Susan Clark # 320 Administrative Section Internal Affairs Division



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member	s Name Lorde, Patrick	Title P/O
Star No. <u>124</u>	· ·	Unit
firearms discharge incident	argaining agreements and policy of the Chicago Pol to undergo testing for the presence of alcohol and to take an alcohol breath test and provide a urine s	drugs. You are hereby ordered to submit to
	uired tests or refusal to fully comply with the testing subject you to discipline up to and including separati	
I have read, understand, ar	d complied with the above.	
Print Member's Name Patrick Lo	Involved Member's Signature	Date and Time 02 JAN12 075
Type of Test: Alcohol	Location: 2255 E. 103 rd st.	Date and Time: 62_JAN / 2 083
Type of Test: Drug	Location: 2255 E. 103rd st.	Date and Time: 02 JAN 12 0900
I have provided notice to th	e above-named involved member and conducted the	e alcohol and drug testing as indicated.
IAD Supervişor's Name	IAD Supervisor's Signature	Date and Time
	f #1778 my ossif	02 JAN 12 0905
CPD-44.252 (7/10)	DISTRIBUTION: ORIGINAL - TO IAD SUPERVISOR, COP	Y TO INVOLVED MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CHICAGO POLICE DEPARTMENT INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member. Donor I.D. verified 图 Photo I. D. by ☐ Employer Representative Signature of Employer Representative day of January , 2012 at 0900, 1, Patrick Lorde (TIME) (PRINT NAME) PART I removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Majed A 55 at #1778 and withessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME) B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial. MAIN TEST VIAL - NO. ALTERNATE TEST VIAL - NO. C. Pour a portion of my urine specimen into a vial with the control number printed on it's side. **D.** Close the vial cap. E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number STAR/EMP NO. **WITNESS'S SIGNATURE** STAR/EMP NO. 1778 STAR/EMP NO. TAFF MEMBER'S SIGNATURE The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by: (EXAMINEE'S INITIALS) PART III -I attest that the sealed urine specimen bag containing specimen ID number was removed from the Random Drug Testing Unit refrigerator by (RDTU MEMBER) and then delivered to (TIME) Specimen received by (RDTU MEMBER'S SIGNATURE) (LAB MEMBER'S INITIALS) STAR/EMP NO.



	EPRESENTATIVE		LAB ACCESSIO	N NO.
A. Employer Name, Address, I.D. No.		Name, Address, Ph		FINE THE CEPHSONGER
		PH:	FAN:	·
C. Donor SSN or Employee I.D. No			· · · · · · · · · · · · · · · · · · ·	<u></u>
D. Donor Name: Last:		First:		
E. Donor ID Verified: MPhoto ID Emp. F	Rep. M. A. 35af	# 1778		
F. Reason for Test: Pre-employment (1) Reference Return to Duty (6) G. Drug Tests to be Performed:	andom (3) 🔲 Reasonable ☐ Follow-up (23) 📝 Qthe	Suspicion/Cause (5 r (specify) (99)	Post-Accident	(2) Promotion (22) harge
PC 351900 the 10-design unit				
	•			
H. Collection Site Name: 004 District Address: 2255 F. 163 d 51 City, State and Zip: Chicago 51.	Collection S	Colle	ector Phone No.:	
STEP 2: COMPLETED BY COLLECTOR Read specimen temperature within 4 minutes. Is temper	rature Specimen Collection			
between 90° and 100° F? 🔼 Yes 🗌 No, Enter Remar	k Split Sir	igle 🔲 None Provi	ded (Enter Remark	Observed (Enter Remark)
REMARKS				
GTEP 3: Collector affixes bottle seal(s) to bottle(s). Collector 4: CHAIN OF CUSTODY - INITIATED BY COLL	ctor dates seal(s). Donor in	iitials seal(s). Donor :D BY LABORATO	completes STEP 5 RY	
Majord Assal 01	9.00 PM SI	PECIMEN BOTTL Quest Diagnostics (Other	E(S) RELEASE	OTO:
RECEIVED AT LAB: X		rimary Specimen		OTTLE(S) RELEASED TO:
Signature of Accessioner		ottle Seal Intact Yes		
(Print) Accessioner's Name (First, MI, Last)	Date (Mo./Day/Yr.)	No, Enter Remark		
STEP 5: COMPLETED BY DONOR				
I certify that I provided my specimen to the collector; that I have not adulterated numbers provided on this form and on the label affixed to each specimen bottl.		le used was sealed with a tai	mper-evident seal in my pre	esence; and that the information and
x	·		<u>.</u>	/
Signature of Donor	(PRII	NT) Donor's Name (First, MI,	Last)	Date (Mo./Day/Yr.)
Daytime Phone No	Evening Phone No.		D.	ate of Birth Mo. Day Yr.
STEP 6: COMPLETED BY MEDICAL REVIEW OFFIC	ER - PRIMARY SPECIME	N		
In accordance with applicable requirements, my determination/verification	_			
☐ NEGATIVE ☐ POSITIVE ☐ TEST CANCELLE ☐ DILUTE	D REFUSALTOTES		STITUTED	
REMARKS				
X				
Signature of Medical Review Officer STEP 7: COMPLETED BY MEDICAL REVIEW OFFIC		leview Officer's Name (First,	NII, Last)	Date (Mo./Day/Yr.)
In accordance with applicable requirements, my determination/verificat				
☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASON		·		
x				/ /
Signature of Medical Review Officer	(PRINT) Medical (Review Officer's Name (First.	MI (ast)	Date (Mo./Dav/Yr.)

_ _ - . . .

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 07 day of JAN 2012, I PO (. CONRY # 7094
On the 12 day of JAN 2012, I PO (. CONPY # 7094) received a collected urine specimen Sgt. ASSAF # 1778. The specimen
was delivered in sealed unsealed condition and was received in packaging described as:
Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).
or
The medicaling was then around by PA A CANARIA
The packaging was then opened by POC. CONCUME in the presence of Sqt. ASSAF. The following items were removed from the container:
Select One One tape-sealed vial labeled # within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled
or
The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer
by POC. CONRY, as witnessed by SSAF
Specimen delivered by: \(\frac{\fir}{\fir}}}}}}}{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac}\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\frac{\fi
Received/stored by: Signature # 709 # 709
RDTU Alternate Collection Receipt 11Feb2011



TEMPERATURE 21 C

SUBJECT TEST %BAC TIME .000 BLANK .000 AUTO 08:31

OPERATOR

ASSAF # 1778
WITHESS

TEST LOCATION 2255 E 103 Mg/



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's	s Name Ad	am 5;	Ryan	Titl	e <i>P.P.O</i>
Star No	9 /	ployee No.	Ú	nit <u>00</u>	4
	to undergo testir	ng for the pres	ence of alcohol and di	ugs. You ar	nt require those involved in a e hereby ordered to submit to
Any refusal to take the requ Department Rules and will s I have read, understand, and	subject you to dis	cipline up to a			ill be treated as a violation of
Print Member's Name		Involved Mer	nber's Signature	····	Date and Time
Ryan Ada	m 5	. A	Can		02 JAN12 0755
Type of Test: Alcohol	Location: 2255	5 E./03	ordst.	Date and	Time: 62JAN/20828
Type of Test: Drug	Location: 225	5 E. 103	nd st	Date and	Time: 02 JAN12 0842
I have provided notice to the	e above-named i	nvolved memb	er and conducted the	alcohol and	drug testing as indicated.
IAD Supervisor's Name			sor's Signature		Date and Time
Majed Assaf			/	<u>-</u>	02 JAN 12 085
CPD-44.252 (7/10)	DISTRIBUTION	: ORIGINAL - TO	IAD SUPERVISOR , COPY	- TO INVOLVE	D MEMBER

DRUG TEST SPECIMEN AFFIDAVIT

CPD-62.441 (Rev. 3/11)

CHICAGO POLICE DEPARTMENT INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member. Donor I.D. verified A Photo I. D. by Majed Assat #1778 ☐ Employer Representative ____ Signature of Employer Representative day of January , 2012 at 0842, 1, PART I removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Majed Assaf # 1778 and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME) B. Break the Tamper Evident Plastic Filament Link between the cap and the base of the vial. MAIN TEST VIAL - NO. ALTERNATE TEST VIAL - NO. C. Pour a portion of my urine specimen into a vial with the control number printed on it's side. **D.** Close the vial cap. E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number F. Place my specimen in a bag which wa e tape. Then I initialed the barcode label on bag with the number STAR/EMP NO. | WITNESS'S-SIGNATURE **EXAMINEE'S SIGNATURE** STAR/EMP NO. 11786 1772 PART II -The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by: I attest that the sealed urine specimen bag containing specimen ID number PART III was removed from the Random Drug Testing Unit refrigerator by (RDTU MEMBER) and then delivered to _____ (TIME) Specimen received by (LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

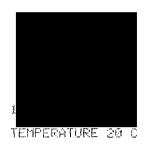


	PRESENTATIVE LAB ACCESSION NO.
A. Employer Name, Address, I.D. No.	B. MRO Name, Address, Phone and Fax No. 日日 新 新田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田田
,	
·	
C. Donor SSN or Employee I.D. No.	
D. Donor Name: Last:	First:
E. Donor ID Verified:	mp. Rep. M. A. 55 a / 4477 32
F. Reason for Test: Pre-employment (1)	Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22) 6) Follow-up (23) Other (specify) (99) Wasping Discours
G. DrugTests to be Performed;	
K with the way to the same and the same of	
· · · · · · · · · · · · · · · · · · ·	
H. Collection Site Name: 2001 154 14	
Address: 2766 Clay, State and Zip: Clay State and Zip: Clay State and Zip: Clay State Stat	Collector Phone No.: Collector Fax No.:
TEP 2: COMPLETED BY COLLECTOR	
Read specimen temperature within 4 minutes. Is te	
petween 90° and 100° F? 🖳 Yes 🔲 No, Enter Ro	emark Spirc / Note + Tovided (Enter hemark) . Cobserved (Enter hemark)
X Signature of Collector	Time of Collection Date (Mo./Day/Yr,) Name of Delivery Service Transferring Specimen to Lab
(Print) Collector's Name (First, MI, Last)	Date (Mo./Day/Vr.) Name of Delivery Service Transferring Specimen to Lab Primary Specimen SPECIMEN BOTTLE(S) RELEASED TO
AT LAB: X Signature of Accessioner	Bottle Seal Intact
;	T No Construction
(Print) Accessioner's Name (First, MI, Last) TEP 5: COMPLETED BY DONOR	Date (Mo./Day/Yr.)
I certify that I provided my specimen to the collector; that I have not adu	ulterated it in any manner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and
numbers provided on this form and on the label affixed to each specime	en bottle is correct.
Signature of Donor	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Day/Yr.)
Daytime Phone No. 1	Evening Phone No Date of Birth
TEP 6: COMPLETED BY MEDICAL REVIEW O	OFFICER - PRIMARY SPECIMEN
In accordance with applicable requirements, my determination/ve	erification is:
☐ NEGATIVE ☐ POSITIVE ☐ TEST CAND	ICELLED
REMARKS	
	, ,
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.)
STEP 7: COMPLETED BY MEDICAL REVIEW O	
In accordance with applicable requirements, my determination/v	verification for the split specimen (if tested) is:
☐ RECONFIRMED ☐ FAILED TO RECONFIRM - REASO	ON
X	1 1
Signature of Medical Review Officer	(PRINT) Medical Review Officer's Name (First, MI, Lest) Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the 12 day of JAN 20/2, I PO C. CONRY	# 7.094
On the 12 day of JAN 20/2, I PO C. Cowky received a collected urine specimen from Sqt ASSAF #177	78. The specimen
was delivered in sealed unsealed condition and was received in packaging described a	s:
Select One A clear and blue CPD evidence/property bag containing two tape-sea	led vials (including
one within a sealed Quest Diagnostics specimen bag).	
Or .	
The packaging was then opened by POC. CONRY	in the presence
of Sqt-ASSAF . The following items were removed	I from the container:
	vithin a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled #	
or	
	·
The specimen vials were then placed in the Random Drug Testing Unit collection site	
by PO C. CONRY, as witnessed by Sqt. ASSAF	
Specimen delivered by: Signature	#_/778
Received/stored by:	<u> </u>
Signature	
RDTU Alternate Collection Receipt 11Feb2011	



SUBJECT TEST %BAC TIME

.000 BLANK .000 AUTO 08:28

OPERATOR
Assaf#/778
WITHESS

TEST LOCATION 2255 E /03"51

Last Name: A Jam 5
First Name: Ryan
Rank: P. P. O
Star #:
Unit: <u>004</u>
Home Zip Code:
Date Hired: O/SEP 10
Birthdate:

OZJAN IZ

DRUG TEST SPECIMEN AFFIDAVIT

CPD-62.441 (Rev. 3/11)

CHICAGO POLICE DEPARTMENT INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member. Donor I.D. verified B. Photo I. D. by Majed Assat #1778 ☐ Employer Representative Signature of Employer Representative PART I removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Majed Assaf # 1778 and witnessed this member: B. Break the Tamper Evident Plastic Filament Link Α between the cap and the base of the vial. MAIN TEST VIAL - NO. | ALTERNATE TEST VIAL - NO. | C. Pour a portion of my urine specimen into a vial with the control number printed on it's side. **D.** Close the vial cap. Seal the vial with a piece of evidence tape which was placed acro s of the vial. I then initialed the evidence tape with specimen ID number F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number STAR/EMP NO. WITNESS'S-SIGNATURE **EXAMINEE'S SIGNATURE** STAR/EMP NO. STAR/EMP NO. SUPERVISOR'S SIGNATURE RECEIVING STAFF MEMBER'S SIGNATURE 1772 PART II -The urine specimen with the control number. was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by: I attest that the sealed urine specimen bag containing specimen ID number PART III was removed from the Random Drug Testing Unit refrigerator by (RDTU MEMBER) (TIME) Specimen received by (LAB MEMBER'S INITIALS) (RDTU MEMBER'S SIGNATURE) STAR/EMP NO.

	ENTATIVE LAB ACCESSION NO.
. Employer Name, Address, I.D. No.	B. MRO Name, Address, Phone and Fax No. 当时,事情,有种情况的意思
	<u> </u>
. Donor SSN or Employee I.D. No.	
Donor Name: Last:	First:
. Donor ID Verified: Photo ID Emp. Rep	M. Assel 41778
Reason for Test: Pre-employment (1) Random (3	(3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
LI Return to Duty (b) LI Follow 5. Drug Tests to be Performed:	w-up (23) Other (specify) (99) Was Described to the specify
X 353.998 5.0 10 50/2000 9/857	
May marine and range and meters	
The second of	
Collection Site Name: 2011 District	Collection Site Code:
Address: 2755 F 103rd 31 City, State and Zip: Coccaso T1	Collector Phone No.: Collector Fax No.:
EP 2: COMPLETED BY COLLECTOR	Collector Fax No
ead specimen temperature within 4 minutes. Is temperature	Specimen Collection:
etween 90° and 100° F? 🛴 Yes 🗌 No, Enter Remark	Split / Single None Provided (Enter Remark) Observed (Enter Remark)
MARKS	
'EP 3: Collector affixes bottle seal(s) to bottle(s). Collector date 'EP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR A	· · · · · · · · · · · · · · · · · · ·
	rm was collected, labeled, sealed, and released to the Delivery Sarvice noted in accordance with applicable requirements.
X da Jaka () oxey	SPECIMEN BOTTLE(S) RELEASED TO:
Signature of Collector Time of Colle	
(Print) Collector's Name (First, MI, Last) Date (Mo./Da	### Other Name of Delivery Service Transferring Specimen to Lab
ECEIVED	Primary Specimen SPECIMEN BOTTLE(S) RELEASED TO
Signature of Accessioner	Bottle Seal Intact
(Print) Accessioner's Name (First, MI, Last) Date (Mo./Da	ay/Yr.) Wu, Citter Heinork
TEP 5: COMPLETED BY DONOR	nanner; each specimen bottle used was sealed with a tamper-evident seal in my presence; and that the information and
TEP 5: COMPLETED BY DONOR certify that I provided my specimen to the collector; that I have not adulterated it in any me	
TEP 5: COMPLETED BY DONOR I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct.	
TEP 5: COMPLETED BY DONOR I certify that I provided my specimen to the collector; that I have not adulterated it in any me unumbers provided on this form and on the label affixed to each specimen bottle is correct.	
TEP 5: COMPLETED BY DONOR I certify that I provided my specimen to the collector; that I have not adulterated it in any menumbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Day/Yr.)
TEP 5: COMPLETED BY DONOR I certify that I provided my specimen to the collector; that I have not adulterated it in any menumbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor	
TEP 5: COMPLETED BY DONOR I certify that I provided my specimen to the collector; that I have not adulterated it in any manumbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No.	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr.
TEP 5: COMPLETED BY DONOR I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr.
TEP 5: COMPLETED BY DONOR I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr. RIMARY SPECIMEN REFUSALTOTEST BECAUSE:
I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No (Evening Evenin	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Dey/Yr.) Date of Birth Mo. Day Yr.
I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No Evening TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRI In accordance with applicable requirements, my determination/verification is: NEGATIVE POSITIVE TEST CANCELLED	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr. RIMARY SPECIMEN REFUSALTOTEST BECAUSE:
I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No Evening TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRI In accordance with applicable requirements, my determination/verification is: NEGATIVE POSITIVE TEST CANCELLED DILUTE REMARKS	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr. RIMARY SPECIMEN REFUSALTOTEST BECAUSE:
TEP 5: COMPLETED BY DONOR I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr. IMMARY SPECIMEN REFUSALTOTEST BECAUSE: ADULTERATED SUBSTITUTED
I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr. IMMARY SPECIMEN REFUSALTOTEST BECAUSE: ADULTERATED SUBSTITUTED Date (Mo./Day/Yr.)
TEP 5: COMPLETED BY DONOR I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No	(PRINT) Donor's Name (First, Mi, Last) Date (Mo,/Day/Yr.) Date of Birth Mo. Day Yr. Date of Birth Mo. Day Yr. Date of Birth Mo. Day Yr. Date (Mo,/Day/Yr.) Date (Mo,/Day/Yr.) Date (Mo,/Day/Yr.)
I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No Evening TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRI In accordance with applicable requirements, my determination/verification is: NEGATIVE POSITIVE TEST CANCELLED DILUTE REMARKS Signature of Medical Review Officer TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SE In accordance with applicable requirements, my determination/verification for the se	(PRINT) Donor's Name (First, Mi, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr. Date of Birth Mo. Day Yr. Date of Birth Mo. Day Yr. Date of Birth Date of Birth Mo. Day Yr. Date (Mo./Day/Yr.) PRINT) Medical Review Officer's Name (First, Ml, Last) Date (Mo./Day/Yr.)
I certify that I provided my specimen to the collector; that I have not adulterated it in any me numbers provided on this form and on the label affixed to each specimen bottle is correct. X Signature of Donor Daytime Phona No. Evening TEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRI Discrete Price Positive TEST CANCELLED DILUTE REMARKS Signature of Medical Review Officer TEP 7: COMPLETED BY MEDICAL REVIEW OFFICER - SEC	(PRINT) Donor's Name (First, Mi, Last) Date (Mo,/Dey/Yr.) Date of Birth Mo. Day Yr. Date of Birth Mo. Day Yr. Date of Birth Mo. Day Yr. Date of Birth Date of Birth Date of Birth Mo. Day Yr. Date of Birth Mo. Day Yr. Date of Birth Date of Birth Mo. Day Yr. Date of Birth Date of Birth Mo. Day Yr. Date of Birth Date

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the Od day of JAN 20/2, I PO C. Cowrey # 7.094
On the 12 day of JAN 2012, I PO C. Conkey # 7.094 received a collected urine specimen from Sqt ASSAF # 1778. The specimen
was delivered in scaled unsealed condition and was received in packaging described as:
Select One A clear and blue CPD evidence/property bag containing two tape-sealed vials (including
one within a sealed Quest Diagnostics specimen bag).
or
The packaging was then opened by POC. Courly in the presence
of Sqt-ASSAF . The following items were removed from the container:
Select One One tape-sealed vial labeled # within a sealed Quest
Diagnostics specimen bag and one tape-sealed vial labeled #
or
The specimen vials were then placed in the Random Drug Testing Unit collection site refrigerator/freezer by PO C. Conry, as witnessed by Sqt. ASSAF
Specimen delivered by: Major Signature # 1778
Received/stored by: Signature # 7094
RDTU Alternate Collection Receipt 11Feb2011



NOTICE OF ALCOHOL AND DRUG TESTING FOLLOWING A FIREARMS DISCHARGE INCIDENT

CHICAGO POLICE DEPARTMENT

TO: Involved Member's	s Name Ad	am 5;	Ryan		Title P.P.O
Star No		ployee No.		Unit	004
	to undergo testir	ng for the pres	sence of alcohol a	nd drugs. You	tment require those involved in a u are hereby ordered to submit to
Any refusal to take the requirement Rules and will standard through the read, understand, and	subject you to dis	cipline up to a			es will be treated as a violation of
Print Member's Name	d complied with t	~	mber's Signature		Date and Time
Ryan Ada	m 5	.4	Con	· · · · · · · · · · · · · · · · · · ·	02 JAN12 075
Type of Test: Alcohol	Location: 225	5 E./0=	3rd 5t.	Date a	and Time: 62 JAN / 20828
Type of Test: Drug	Location:225	5 E. 103	nd st	Date a	and Time: 02 JAN12 0842
I have provided notice to the	e above-named i	nvolved meml	ber and conducted	the alcohol a	and drug testing as indicated.
IAD Supervisor's Name			isor's Signature	$\overline{}$	Date and Time
Majed Assaf			<u> </u>	/ 	02 JAN 12 08.
CPD-44.252 (7/10)	DISTRIBUTION	: ORIGINAL - TO	(IAD SUPERVISOR ,	SOPY - TO INVOI	OLVED MEMBER

CHICAGO POLICE DEPT RANDOM DRUG UNIT #1087SW

3510 S MICHIGAN AVE CHICAGO, IL 60653



REMARKClient Site Location:

REASON FOR TEST: WEAPONS DISCHARGE DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RES	ULT	UNITS	REFERENCE	SITE
ALI OKI GIAIGO	LINHL	1231	IN RANGE	OUT OF RANGE		RANGE	CODE
			Į į				
REPORT FO	ıp.						
		RANDOM	DRUG UNI	r. #1087S\			
			MICHIGAN		•		
		CHICAG	1	553			
			(
		_	ļ				
Tests Orde	ered: 3519	10N (SAP 10-	50/2000 W	(NIT)			
Intomitu	Chaolio		,		Acceptable D	- W. 64.5	
Integrity	Checks				Acceptable Ra	ange	
CREATININ	NE.	7	12.9 mg/di		>/= 20 mg/	/dI.	
pH		_	5.7		4.5-		
	G ADULTERAN	ITS N	legative	}	1.0	3.3	
Substance	Abuse Pane	el	1	}	Initial	MS Confir	m
			}		Test Level	Test Leve	1
			1				
AMPHETAM:			legative		1000 ng/mL	500 ng/m	
BARB I TURG			legative	}	300 ng/mL	200 ng/m	
BENZODIA			legative	}	300 ng/mL	200 ng/m	
	METABOL I TES		legative	ł	300 ng/mL	150 ng/m	
	A METABOLI'		Negative	1	50 ng/mL	15 ng/m	
METHADON			legative	}	300 ng/mL	200 ng/m	
METHAQUA	LONE		legative	1	300 ng/mL	200 ng/m	
OPIATES			Negative		2000 ng/mL	2000 ng/m	
PHENCYCL			Vegative	}	25 ng/mL	25 ng/m	
PROPOXYP	HENE	ı	Negative	1	300 ng/mL	200 ng/m	ıL
	CENTIFICA	C CCIDNATOR			}		
ence inch		G SCIENTIST		EMEVA DUL	 \$ CERTIFIED LAB	ODATODU	
SPECIFIEN .	KECEIVED H	ND PROCESSE	ก่าผาบรา	ENEXH DUU	P CERTILIED THO	TAULHAU.	
LAB	Ques	t Diagnosti	cs-Lenexa	ļ			
21,12		1 Renner Bl					
		xa KS 66219		} .			
			1	}			
			>> END OF	REPORT <<			
- \$}				1			
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			1				
)				
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<i>j</i>
Last Name: Lorde
First Name: Patrick
Rank: <u>P/0</u>
Star #: 12405
Unit: 004
Home Zip Code:
Date Hired: 04 JUN 07
Rirthdata: OS AUG:79

ODJAN 12

DRUG TEST SPECIMEN AFFIDAVIT CHICAGO POLICE DEPARTMENT INSTRUCTIONS: Prepare in duplicate. Original (White) to Collection Unit; copy (Yellow) to member. Donor I.D. verified 图 Photo I. D. by ☐ Employer Representative Signature of Employer Representative day of January , 2012 at 0900 1, Patrick PART I removed the foil-top seal from a cup, and then removed the contents from the cup. I urinated into this same cup, then I delivered this cup containing my urine specimen to Majed Assaf #1778 and witnessed this member: (PRINT RECEIVING STAFF MEMBER'S NAME) B. Break the Tamper Evident Plastic Filament Link В between the cap and the base of the vial. ALTERNATE TEST VIAL - NO. MAIN TEST VIAL - NO. C. Pour a portion of my urine specimen into a vial with the control number printed on it's side. **D.** Close the vial cap. E. Seal the vial with a piece of evidence tape which was placed across the cap and down both sides of the vial. I then initialed the evidence tape with specimen ID number F. Place my specimen in a bag which was closed with self adhesive tape. Then I initialed the barcode label on bag with the number WITNESS'S SIGNATURE STAR/EMP NO. STAR/EMP NO. 1778 TAFF MEMBER'S SIGNATURE The urine specimen with the control number was received and then secured in the appropriate Random Drug Testing Unit refrigerator/freezer compartment by: (EXAMINEE'S INITIALS) I attest that the sealed urine specimen bag containing specimen ID number PART III was removed from the Random Drug Testing Unit refrigerator by _____ (RDTU MEMBER) and then delivered to (LAB MEMBER) (DATE) (TIME)

CPD-62.441 (Rev. 3/11)

Specimen received by

(LAB MEMBER'S INITIALS)

STAR/EMP NO.

(RDTU MEMBER'S SIGNATURE)



ENTATIVE LAB ACCESSION NO.
A. Employer Name, Address, I.D. No. B. MRO Name, Address, Phone and Fax No. Fill 10: 10: 10: 10: 10: 10: 10: 10: 10: 10:
PH: FAX:
C. Donor SSN or Employee I.D. No.
D. Donor Name: Last: Last: First: First: Last: L
E. Donor ID Verified: Photo ID Emp. Rep. M. A.35af # 1778
F. Reason for Test: Pre-employment (1) Random (3) Reasonable Suspicion/Cause (5) Post-Accident (2) Promotion (22)
Return to Duty (6) Follow-up (23) Other (specify) (99) Weapens Discharge
G. Drug Tests to be Performed: (X) 35190N SAP 10-56/1069 MANT
H. Collection Site Name: 004 District Collection Site Code: Address: 2255 F 163 d 51 Collector Phone No.:
Address: Collector Phone No.: City, State and Zip: Chicago State Collector Fax No.:
STEP 2: COMPLETED BY COLLECTOR
Read specimen temperature within 4 minutes. Is temperature between 90° and 100° F? Nes No, Enter Remark Specimen Collection: Specim
REMARKS
STEP 3: Collector affixes bottle seal(s) to bottle(s). Collector dates seal(s). Donor initials seal(s). Donor completes STEP 5.
STEP 4: CHAIN OF CUSTODY - INITIATED BY COLLECTOR AND COMPLETED BY LABORATORY
I certify that the spedimen given to me by the donor identified by the certification section on Copy 2 of this form was collected, labeled, sealed, and released to the Delivery Service noted in accordance with applicable requirements. SPECIMEN BOTTLE(S) RELEASED TO:
Signature of Collector Time of Collection Quest Diagnostics Courier FedEx
Marra ASS at 0//0)/12 Other Name of Delivery Service Transferring Specimen to Lab
RECEIVED Primary Specimen SPECIMEN BOTTLE(S) RELEASED TO:
AT LAB: Signature of Accessioner Bottle Seal Intact Yes
(Print) Accessioner's Name (First, MI, Last) Date (Mo./Day/Yr.) No, Enter Remark
STEP 5: COMPLETED BY DONOR
I certify that I provided my specimen to the collector; that I have not adulterated it in any manner; each specimen bottle used was sealed with a tamper-avident seal in my presence; and that the information and numbers provided on this form and on the label affixed to each specimen bottle is correct.
/ /
X Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)
Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.)
Signature of Donor (PRINT) Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Date of Birth
Signature of Donor [PRINT] Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr. STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable requirements, my determination/verification is:
Signature of Donor [PRINT] Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Evening Phone No.
Signature of Donor [PRINT] Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr. STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable requirements, my determination/verification is:
Signature of Donor [PRINT] Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Evening Phone No.
Signature of Donor [PRINT] Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Evening Phone No.
Signature of Donor [PRINT] Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr. STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable requirements, my determination/verification is: NEGATIVE POSITIVE TEST CANCELLED REFUSAL TOTEST BECAUSE: DILUTE ADULTERATED SUBSTITUTED REMARKS Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, Mi, Last) Date (Mo./Day/Yr.)
Signature of Donor [PRINT] Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Date of Birth Mo. Day Yr. STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable requirements, my determination/verification is: NEGATIVE POSITIVE TEST CANCELLED REFUSAL TOTEST BECAUSE: ADULTERATED SUBSTITUTED REMARKS X
Signature of Donor PRINT) Donor's Name (First, MI, Last) Date Mo./Day/Yr. Date of Birth Mo. Day Yr. STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable requirements, my determination/verification is: NEGATIVE POSITIVE TEST CANCELLED REFUSAL TOTEST BECAUSE: DILUTE ADULTERATED SUBSTITUTED Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Step 7: COMPLETED BY MEDICAL REVIEW OFFICER - SECONDARY SPECIMEN In accordance with applicable requirements, my determination/verification for the split specimen (if tested) is:
Signature of Donor [PRINT] Donor's Name (First, MI, Last) Date (Mo./Day/Yr.) Date (Mo./Day/Yr.) STEP 6: COMPLETED BY MEDICAL REVIEW OFFICER - PRIMARY SPECIMEN In accordance with applicable requirements, my determination/verification is: NEGATIVE POSITIVE TEST CANCELLED REFUSAL TOTEST BECAUSE: DILUTE SUBSTITUTED REMARKS X Signature of Medical Review Officer (PRINT) Medical Review Officer's Name (First, MI, Last) Date (Mo./Day/Yr.) Date (Mo./Day/Yr.) Date (Mo./Day/Yr.)

RANDOM DRUG TESTING UNIT

ALTERNATE COLLECTION RECEIPT

On the DD day of JAN	<u></u> 2	20/2, I PO	O. Con	Ry	<u> </u>
On the 12 day of JAN received a collected urine speci-	men from <u> </u>	Sgt. ASSAI	=	# 1778	. The specimen
was delivered in sealed unseal					
Select One X A clear and b	lue CPD evid	ence/property b	ag containing tv	vo tape-sealed	vials (including
one within a	sealed Quest	Diagnostics spe	cimen bag).		
or					
	-		•		
					
The packaging was then opened of Sqt. ASSAF	ed by <u>P</u>	C. CONK	Perf		in the presence
of Sqt. ASSAF		The foll	owing items we	re removed fro	m the container:
Select One Done tape-se	aled vial labe	led #	·	withi	n a sealed Quest
Diagnostics	specimen bà	g and one tape-s	ealed vial label	ed i	
or					
Ш					
The specimen vials were ther				4	
by 10 (. (. (.)	<u>y </u>	, as witnesse	\ ~'76	XISSAF	<u>-</u>
Specimen delivered by:	Signature (RO ON			<u> # /778 </u>
	On 1	\bigcirc \bigcirc			7201
Received/stored by:	Signature	Con	y		# <u>107 </u>
DIDTU Alternate Collection December 115a	52011		U		

CHICAGO POLICE DEPT RANDOM DRUG UNIT #1087SW 3510 S MICHIGAN AVE CHICAGO, IL 60653





REMARKClient Site Location:

REASON FOR TEST: WEAPONS DISCHARGE DONOR ID VERIFIED: PHOTO I.D.

REPORT STATUS	FINAL	TEST	RES		UNITS	REFERENCE	SITE
REPORT STATES	LINHL	1631	IN RANGE	OUT OF RANGE		RANGE	CODE
REPORT FO	IR:	·					
		RANDOM	DRUG UNI	r, #1087SW			
		3510 9	MICHIGAN	AVE			
		CHICAG	ip, IL 600	553			
			1				
	1 954	30N (0AD 40	F0 10000 11				
Tests Urde	ered: 3519	90N (SAP 10-	-pu/2000 W	NIT			
Integrity	Chacke				Acceptable R	2200	
rucegr r cy	CHECKS		Į.		HCCEPtable N	xiiye	
CREATININ	ΙE		>350 mg/di	L l	>/= 20 mg/	/dL	
рН			5.1		4.5-		
	G ADULTERAL	NTS I	Negative	}	_		
				}			
Substance	Abuse Pan	el			Initial	MS Confir	
			1		Test Level	Test Leve	1
AMPHETAM	TMEC		Nhastina	\ . \ \	1000 wa/mt	500 ng/m	т
BARB I TURA			Negative Negative	(1000 ng/mL 300 ng/mL	500 ng/m 200 ng/m	
BENZODIAZ			Negative	ļ	300 ng/mL	200 ng/m	
	EETABOLITE		Negative	i l	300 ng/mL	200 ng/m 150 ng/m	
	METABOLI		Negative		50 ng/mL	15 ng/m	
METHADONI			Negative)	300 ng/mL	200 ng/m	
METHAQUA			Negative	ì i	300 ng/mL	200 ng/m	
OPIATES			Negative		2000 ng/mL	2000 ng/m	
PHENCYCL	IDINE		Negative		25 ng/mL	25 ng/m	
PROPOXYPI	HENE		Negative		300 ng/mL	200 ng/m	
				1 .		_	
		G SCIENTIST					
SPECIMEN :	RECEIVED A	ND PROCESSE	D) IN THE L	ENEXA DHHS	CERTIFIED LAB	ORATORY.	
TAD	0	4 70 4					
LAB		t Diagnosti 1 Renner Bl		}			
		xa KS 66219]				
	rene	אמ אס טטצופ	' 				
			>> END OF	REPORT <<	}		
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